

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF DELAWARE

(1) DESHAUNE D, DARLING (Name of Plaintiff) (Inmate Number)	:
1181 PADDOCK BD SMYBNA DE 19977 (Complete Address with zip code)	: :
(2)(Name of Plaintiff) (Inmate Number)	: (Case Number) : (to be assigned by U.S. District Court)
(Complete Address with zip code)	:
(Each named party must be listed, and all names must be printed or typed. Use additional sheets if needed)	Amended
vs.	: CIVIL COMPLAINT
(1) Carl Danberg, Thomas Carroll,	:
(1) Carl Danberg, Thomas Carroll, (2) Correctional Medical Service,	:
(3) Richard P. Dushuttle M.D., David Pictor (Names of Defendants) (Each named party must be listed, and all names must be printed or typed. Use additional sheets if needed)	FLED NOV 26 2007
I. PREVIOUS LAWSUITS	U.S. DISTRICT COURT DISTRICT OF DELAWARE
A. If you have filed any other lawsuits in federal court while including year, as well as the name of the judicial office	e a prisoner, please list the caption and case number
None	
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III.

II.

EXH	AUSTION OF ADMINISTRATIVE REMEDIES
	der to proceed in federal conrt, you must fully exhaust any available administrative remedies as to ground on which you request action.
A.	Is there a prisoner grievance procedure available at your present institution? • Yes • • No
В.	Have you fully exhausted your available administrative remedies regarding each of your present claims? • Yes • • No
C.	If your answer to "B" is Yes:
	1. What steps did you take? Filed numerous Grievances the
	filing numbers are 109727, 111604, 117323, (more filed)
	2. What was the result? No Besolution
D.	If your answer to "B" is No, explain why not:
	ENDANTS (in order listed on the caption)
(1)	Name of first defendant: Carl Dankerg
E	Employed as Commisioner at DE Dept of Corrections
ì	Mailing address with zip code: 245 Mckee BD, Douce DE 19904
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(2)	Name of second defendant: Thomas Carroll
I	Employed as Warden at Delacare Correctional Center
ì	Mailing address with zip code: 181 Paddock P.D. Smyrna DE 19977
(3)	Name of third defendant: Correctional Medical Services (Provider)
]	Employed as (Provider) at Delaware Correctional Center
]	Mailing address with zip code: Scite (O) Dover DE 19904

DEFENDANTS

- (4) Name of Fourth deforbant: Richard P. Dushuttle M.D.

 Employed as Orthopedic Consultant/Doctor, at D.C.C

 Mailing address with zip code: 240 Beiser Blud. Dover, DF, 19901
- (5) Name of 5th defendant: David Pierce
 Employed as Deputy Warden at D.C.C
 Mailing address with zip code: 1181 Paddock BD, Smyrna DE

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IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

١.	On 4-407 Plaintiff broke his right hand at DCC
	and was taken to Kent General Hospital Emergency
	Room. The attending Doctor examined the injury
	and informed C.M.S. that the Phintit's right hand
	was fractured, and instructed C.M.S to make an
2.	appointment for the Plaintiff to be soon by an
	Orthopedic Surgeon to have the Fracture set
	and hard casted." The Administration and C.M.S.
	Delayed in getting the Plaintiff to an Orthopedic
	Surgeon. The Delay was 13 weeks late."The
3.	average broken bone heals within 5 to 6
	weeks.
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V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

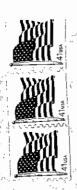
1. Monatury Componsatory damages, Moninal damages,
and Punitive damages to be determined by Jury
for Pain and suffering, and ongoing disability.

All medical expense Past Present and future to be
Paid for by Defendants Including Transportation Loss of work Ft.,
Plaintiff be given appertunity to Have a Doctor of
his choice "in state" to repair his hand.

Statement of Claim

On 6-20-07 the Plaintiff was taken to be seen by Doctor Richard P. Dushuttle. Doctor Dushuttle took an x-ray of the Plaintiff's injuried right hand and said that the x-ray showed that "the Fracture had hooled on it's own," and that he was not going to rebreak and set the Plaintiff's right hand. "He chose an easier and less efficacious Freatment plan which was Physical Therapy. The Administration and C.M.S. did not follow through with Doctor Dushuttle's treatment plan. The defendant's delay and neglect" to treat Plaintiff's injury caused substantial harm; which is unnecessarily prolonged pain and suffering and a deformed right hand. The defendants were deliberately indifferent to Plaintiffs serious medical needs, by failing to provide adequate treatment.

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I declare und	ler penalty of perjury that the foregoing is true and correct.
Si	gned this 20 day of November , 2007.
	Desfaure D. Darling S. (Signature of Plaintiff 1)
	(Signature of Plaintiff 2)
	(Signature of Plaintiff 3)



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DELAWARE CORRECTIONAL CENTER 118 PADDOCK ROAD SMYRNA, DELAWARE 19977.